

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service 04/19/01?
b. The request was received on 02/13/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/09/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 04/12/02. The 14 day response was not received from the insurance carrier based on 133.307 (i) the insurance carrier's response to the 14 day request is untimely so the Commission shall issue a decision based on the request.
3. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:
 - a. "Carrier denied as global to the primary procedure 63047 which it is not. Code is to be paid at 50% per the rules. Procedure is documented in the Op Report. We are enclosing the 97-01 Advisory pg 3 & 2 letters from TWCC clearly describing which books are to be used in auditing the bills. Also we have enclosed a letter re-22830 form the AMA. We have billed within the guidelines & rules & should be paid as such." The provider is seeking reimbursement in the amount of \$1,669.00 for the date of service 04/19/01.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 04/19/01.
2. Carrier's EOB has denied the services as F-"BY CLINICAL PRACTICE STANDARDS, THIS PROCEDURE IS INCIDENTAL TO THE RELATED PRIMARY PROCEDURE BILLED."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
04/19/01	22830	\$3,500.00	\$0.00	F	\$3,338.00	MFG GI (VIII)(C) SGR (I)(D)(1)(a)(b) Global Service Data for Orthopaedic Surgery dated 1994	According to the MFG Surgery Ground Rules CPT code 63047 and 63042 both reflect the same MAR value, making them both a primary procedure. Currently, the Medical Review Division uses the Physicians' Current Procedural Terminology, Fourth Edition, Copyright 1994 by the American Medical Association (CPT) in conjunction with GSDOS dated 1994. Therefore, according to the GSDOS dated 1994, CPT code 22830, is not global to 63047 or 63042 and will be reduced to 50% of the MAR value according to MFG SGR (I)(D)(1)(b). Therefore reimbursement is recommended in the amount of \$1,669.00.
Total							The Requestor is entitled to reimbursement in the amount of \$1,669.00.

The above Findings and Decision are hereby issued this 23rd day of May 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,669.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 23rd day of May 2002.

Carolyn Ollar, R.N., B.A.
Medical Dispute Resolution Officer
Medical Review Division

CO/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.